

**City of Springfield, MA
FY2014
Neighborhood Targeted Improvement Program
Request for Proposals
Mayor Domenic J. Sarno
*Second Round***

The Neighborhood Targeted Improvement Program will use Community Development Block Grant (CDBG) Funds to revitalize areas of priority in the neighborhoods located within the CDBG Target Areas of the City of Springfield, MA. Neighborhood Organizations will have the opportunity to apply for a second round of grants not to exceed \$10,000.00 to revitalize and strengthen neighborhoods and to improve the quality of life by assisting and supporting in the development and implementation of small-scale neighborhood self help physical improvement projects. Total Program funding \$170,000.00.

This program is targeted to build capacity and encourage Neighborhood Organizations to implement projects in partnership with city departments and/or private organizations. Funds will be utilized in projects that follow Housing Urban Development (HUD) compliance guidelines.

WHO MAY APPLY:

The application process is open to neighborhood and/or community organizations within the designated CDBG Target Areas of the City of Springfield.
The Application must be signed out.

CRITICAL DATES:

Application Available: Tuesday, June 10, 2014 to Tuesday, June 24, 2014

**Department of Neighborhood Services
70 Tapley Street,
Springfield, MA 01109**

**Application Deadline: Tuesday, June 24, 2014 by 2:00 PM
(Postmark Accepted)**

WHAT IS ELIGIBLE

Eligible projects must benefit low/moderate income neighborhoods, make physical improvements and/or remove slum and blighted conditions. There can be no improvements on private property. **There will be a need for pictures prior to start of projects** that indicate area and/or location of potential physical improvements.

Examples: (but not limited too):

1. Street and Sidewalk related improvements and/or repairs:
Must be approved in writing by DPW,
Contact person: *Christopher Cignoli, tel # 413-750-2808*

2. Installation of Park Amenities:
 - a. Benches,
 - b. Picnic Tables,
 - c. Trash Receptacles;
 - d. Recreation Equipment (new purchase only)
 Must be approved in writing by Parks Department,
Contact person: *Pat Sullivan tel # 413-787-6440*

3. Initial Beatification and/or Clean up activities in Parks, Schools, etc.
 - a. Dumpsters
 - b. Graffiti removal materials
 - c. Misc. clean up materials
 Must be approved in writing by Parks Department,
Contact person: *Pat Sullivan, tel # 413-787-6440*

4. Neighborhood Signage
Must be approved in writing by DPW,
Contact person: *Christopher Cignoli, tel # 413-750-2808*

5. Lighting
Must be approved in writing by DPW,
Contact person: *Christopher Cignoli, tel # 413-750-2808*

6. Community Garden & Farmers Market Projects (Start-ups, etc.)
Must be approved in writing by Parks Department,
Contact person: *Pat Sullivan, tel # 413-787-6440*

7. Tree Plantings
 - a. Stump Grinding not allowed
 Must be approved in writing by Parks Department,
Contact person: *Pat Sullivan, tel # 413-787-6440*

GRANT AMOUNT

No grant submitted should exceed \$10,000.00, Applicants should submit a detailed line item budget inclusive of material and labor costs with work history of selected contractor. Please note that the funding source for the program is the Community Development Block Grant (CDBG) and as such all construction projects over \$2,000 are subject to the federal prevailing wage rate. Funding is also subject to applicable local, state and/or federal procurement laws.

LOCATION

All projects funded must be within the designated CDBG Target Areas (Please see the attached CDBG Map).

COORDINATION

- Applicant must obtain a letter of support or approval of their project from the appropriate city Department.
- All Proposals need to be reviewed and approved in writing by the Neighborhood council / Civic Organization.
- All proposals must be approved in writing by the
Office of Planning, Attention: Scott Hanson, tel # 413-787-6020
- All approval letters should be addressed to The Department of
Neighborhood Services, Attention: Ed C. Whitley, tel # 413-750-2174

EVALUATING CRITERIA

- Scope of Project;
- Ability to complete project(s) quickly, completely, and on budget;
- Degree of visual improvement to the target area;
- Inclusion of private resources and match funding in submission;
- Sustainability / Longevity of improvement;
- Photograph of the area to be impacted by project;
- Written consent of appropriate city department;
- Collaboration with other organizations / civic associations (private or public)

SUBMITTAL EVALUATION:

Each Proposal will be evaluated by a Committee for adherence to the goals and parameters established in the “Proposal Contents”.

APPLICATIONS

The application form provided must be used. Applications should be typed and/or written legible. All applicable questions should be answered completely. Letters and other required material must be attached. The application must be submitted in three copies: one original and two copies. Application can be hand delivered for a date stamp to the office of Neighborhood Services or mailed and must be postmarked:

Tuesday, June 24, 2014.

APPLICATION PROCESS

The following steps outline the City of Springfield’s application process for the Neighborhood Targeted Improvement Program.

DEADLINE FOR APPLICATIONS

Applications are due back to the Office of Neighborhood Services located on 70 Tapley Street, Springfield, MA 01104. **The final application is due by 2:00 PM June 24, 2014 (postmark Accepted).**

This timeframe has been established to assist with the selection, approval and implementation process. This may be subject to change on short notice.

◆ Applications Available	DATE June 10, 2014
◆ Application Deadline	DATE June 24, 2014
◆ Review of applications for approval	DATE June 25 th to June 30 th , 2014
◆ Announcement of Grant Awards	DATE June 30, 2014

**FY 2014 Application
Neighborhood Targeted Improvement Program
City of Springfield, MA**

GENERAL INFORMATION:

- 1. ORGANIZATION:**

- 2. ADDRESS:**

- 3. DUNS NUMBER:**

- 4. CONTACT PERSON(S)**

- 5. PROJECT NAME:**

- 6. PROJECT DESCRIPTION:**

- 7. TIMELINE (All projects must be completed by August 2014):**

- 8. PROJECT LOCATION:**

9. PROJECT CATEGORY:

- ___ Street and Sidewalk related improvements and/or repairs:
- ___ Installation of Park Amenities:
- ___ Initial Beatification and/or Clean up activities in Parks, Schools, etc.
- ___ Neighborhood Signage
- ___ Lighting
- ___ Community Garden & Farmers Market Projects
- ___ Tree Planting
- ___ Other

10. PROJECT BENEFIT:

- ___ Benefit a lower-income neighborhood
- ___ Remove slum/blight conditions
- ___ Make physical improvements in residential neighborhoods

TOTAL PROJECT COST:

Targeted Improvement Grant Funding \$ _____

Additional Matching Funding \$ _____

Source of Matching Funds _____

TOTAL \$ _____

Required Forms Attachments:

- Project Scope
- Line item budget (including match & Sources)
- Conflict Of Interest Statement (forms attached);
- Corporate Certificate(forms attached);
- Debarment Certificate; (forms attached);
- National Objective Compliance Certificate(forms attached);
- Tax Certificate Affidavit – NOTARIZED(forms attached);

Other Required Documents:

- Written approval of proposal from the Office of Planning
- Provide before pictures of impact to area
- Letter of approval from Neighborhood Organization
- Letter of approval from appropriate City Department
- Agreement letter between collaborating organizations

I. Project Scope

IF YOU DO NOT ALREADY HAVE A CONFLICT OF INTEREST STATEMENT, YOU MAY USE THE INFORMATION PROVIDED HERE; HOWEVER, THE CERTIFICATE MUST BE PRINTED ON YOUR ORGANIZATION'S LETTERHEAD AND SIGNED BY AN AUTHORIZED AGENT.

Conflict of Interest Statement

No staff or Board of Director of the _____ will financially benefit from performing their prescribed duties other than receiving their normal compensation per salary of contract. Additionally no staff member of Board of Director can use or take possession of any of the _____ resources without express approval of its Board of Director's Chairperson.

All transactions conducted by staff and the Board of Directors must be arms length transactions, whose sole intent is to enhance the role and the mission of _____.

Dated: _____

(Signature of authorized agent)

(Printed name of agent)

VOTE OF CORPORATION AUTHORIZING EXECUTION OF CONTRACT

I, the undersigned, a resident of _____ in the State of _____ hereby certify that I am the _____ or duly authorized officer of _____, a Massachusetts Corporation duly organized by law and that this is a true, correct and complete copy of vote prepared at a meeting of the Directors of said corporation, duly called and held on _____, at which meeting a majority of the Directors were present and acting throughout.

VOTED: That _____ the _____ of the
(Authorized Official*) (Title)
aforementioned corporation, be and hereby is authorized to affix the corporate Seal, sign and deliver in the name and on behalf of the corporation a contract with the City of Springfield Office of Community Development for _____ in the amount of \$_____ effective for the Fiscal Year 2014 commencing July 1, 2013 and ending June 30, 2014, for activities authorized in accordance with the United States Department of Housing and Urban Development.

I further certify that the said vote as set out above has not been revoked or rescinded and is now in full force and effect, that said vote and action ordered thereby are in pursuance of the By-Laws of this Corporation.

IN WITNESS WHEREOF, I hereto set my hand this _____ day of _____, 201__.

Corporate Seal

Clerk/Secretary

***This must be the Person Authorized in your By-Laws to sign contracts.**

NOTE: Since an Officer cannot certify to himself, this must be signed by someone other than the one signing the contract.

IF YOU DO NOT ALREADY HAVE A DEBARMENT CERTIFICATE, YOU MAY USE THE INFORMATION PROVIDED HERE; HOWEVER, THE CERTIFICATE MUST BE PRINTED ON YOUR ORGANIZATION'S LETTERHEAD AND SIGNED BY AN AUTHORIZED AGENT.

DEBARMENT CERTIFICATE

Name of Subrecipient _____

Described herein and attached here to as Attachment IV is a certification from the SUBRECIPIENT stating that neither the SUBRECIPIENT nor any subcontractor secured by the SUBRECIPIENT has been debarred, suspended or determined ineligible to engage in the activity necessary to perform the services of this contract.

By signing this Certificate, the organization expressly understands and acknowledges that any person responsible for performing activities/services under this agreement are currently eligible to engage in the activity under this contract.

Dated: _____

agent)

(Signature of authorized

(Printed name of agent)

National Objective Compliance Certificate

In accordance with the statutes and regulations set forth by the U.S. Department of Housing and Urban Development (HUD), activities funded through the Community Development Block Grant (CDBG) must be used to meet one of the three national objectives named by HUD. Those three objectives are (1) benefiting low- or moderate-income persons; (2) preventing or eliminating slums or blight and (3) meeting an urgent need. To be eligible for funding, every CDBG-funded activity must meet one of these national objectives.

I, _____, certify that the activity proposed in this application for CDBG funding will meet one of the three national objectives as set forth above. The _____ also certifies that it will maintain sufficient documentation to ensure compliance with national objectives.

Dated: _____

(Signature of authorized agent)

(Printed name of agent)

(Title of agent)

TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS

Individual Social Security Number_____
State Identification Number_____
Federal Identification NumberCompany: _____
_____P.O. Box (if any): _____ Street Address Only:
_____City/State/Zip Code:
_____Telephone Number: _____ Fax Number:
_____List address(es) of all other property owned by company in Springfield:
_____*Please Identify if the bidder/proposer is a:*

Corporation _____

Individual _____ Name of Individual: _____

Partnership _____ Names of all Partners:
_____Limited Liability Company _____ Names of all Managers:
_____Limited Liability Partnership _____ Names of Partners:
_____Limited Partnership _____ Names of all General Partners:

You must complete the following certifications and have the signature(s) notarized on the lines below. Any certification that does not apply to you, write N/A in the blanks provided.

FEDERAL TAX CERTIFICATION

I, _____ certify under the pains and penalties of perjury that _____, to my best knowledge and
(authorized agent) (Bidder/Proposer)
belief, has/have complied with all **United States Federal taxes** required by law.

Bidder/Proposer_____
Authorized Person's Signature

Date: _____

CITY OF SPRINGFIELD TAX CERTIFICATION

I, _____ certify under the pains and penalties of perjury that _____, to my best knowledge and
 (authorized agent) (Bidder/Proposer)
 belief, has/have complied with all **City of Springfield taxes** required by law(has/have entered into a Payment Agreement with the
 City).

 Bidder/Proposer

 Authorized Person's Signature
 Date: _____

COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

Pursuant to M.G.L. c. 62C '49A, I, _____ certify under the pains and penalties of perjury that
 _____,
 (authorized agent)
 (Bidder/Proposer)
 to my best knowledge and belief, has/have filed all state tax returns and has/have complied with all state taxes required by law.

 Bidder/Proposer

 Authorized Person's Signature
 Date: _____

Notary Public

COMMONWEALTH OF MASSACHUSETTS

,ss. _____, 201__

Then personally appeared before me [name]_____, [title]_____
 of [company name]_____, being duly sworn, and made oath that he/she has read the foregoing
 document, and knows the contents thereof; and that the facts stated therein are true of his/her own knowledge, and stated the
 foregoing to be his/her free act and deed and the free act and deed of [company name]_____.

 Notary Public
 My commission expires: _____

**YOU MUST FILL THIS FORM OUT COMPLETELY AND
 YOU MUST FILE THIS FORM WITH YOUR BID.**